



## Frequently Asked Questions

### 1. What is presumptive eligibility?

- Presumptive eligibility (PE) provides Medicaid for a limited time while a formal Medicaid eligibility determination is being made by the Department of Human Services.

### 2. What are the goals of the presumptive program?

- The goal of the presumptive eligibility process is to offer immediate health care coverage to people likely to be Medicaid-eligible, before there has been a full Medicaid determination.

### 3. What is a qualified entity (QE)?

- A “qualified entity” is generally defined as an enrolled Iowa Medicaid provider\* who is certified by DHS and is authorized to make presumptive eligibility determinations.
- Certain QEs for PE for children (e.g. school nurses) do not have to be enrolled Iowa Medicaid providers.

### 4. What can a QE do?

- Based on a household’s statements regarding their circumstances and income, a QE can enter the applicant’s information into the Medicaid Presumptive Eligibility Portal (MPEP).
- MPEP will immediately make a presumptive determination.
- If eligible, the applicant will have temporary Medicaid eligibility during the presumptive period.

### 5. How do we become a qualified entity?

- Applicants who meet the QE requirements must agree to the terms and conditions in an electronically maintained Memorandum of Understanding and complete a web-based training module.

## PE Application Processors

### 1. Do QEs need to become Certified Application Counselor (CAC)s to provide PE?

- No, only those assisting with the HealthCare.gov application needs to be a CAC.

**2. If a hospital is not a CAC can they still be a QE?**

- ALL hospitals who meet the requirements above will be allowed to provide presumptive determinations regardless of them being a CAC.

**3. If workers are in a clinic taking applications and then take the applications back to the hospital to be entered into MPEP, is that okay? If the certified persons are only at the hospital but applications being taken at the clinic, is that okay?**

- Anyone can assist with the application. Only the person actually making the PE eligibility decision must be certified.
- However, an application collected at a clinic that is neither a QE nor a place approved to take full Medicaid applications is not considered to have been submitted until it is received by either a QE or a DHS application site.

**4. Does a person giving out PE applications to patients have to be certified or does only the person actually entering the applications into MPEP have to be certified?**

- Only the person actually making the PE eligibility decision must be certified.
- Anyone can assist with the application, but only the QE can actually make the MPEP entries that result in the PE eligibility determination.

**5. Can a hospital QE fill out an application for a patient at one of the clinics?**

- A QE can take a PE application from any person who comes into their facility.
- The applicant does not have to be a patient at that facility.

**6. We are a QE hospital. We have 2 wholly owned physician clinics. Are they considered as part of the hospital for purposes of performing the presumptive application? May we obtain certification for physician office staff?**

- Affiliated clinics within a health system are not hospitals and therefore may not be certified as QEs under the hospital Presumptive Provider organization.
- If the clinic wants to become a QE, they must apply and qualify on the basis of their own provider organization.

## **Presumptive Policy**

**1. Who are considered qualified staff to help fill out and submit the application?**

- An approved qualified entity may designate its employees to determine presumptive eligibility.
- Each person must complete a web-based training module and be certified by the Department before they can begin to make eligibility determinations.

**2. Is it just automatic that the patient will have presumptive eligibility by just filling out the application?**

- No. Filing an application does not guarantee presumptive Medicaid eligibility. Some presumptive applicants will be denied due to failure to meet eligibility requirements.

**3. How many times can a person get PE Medicaid?**

- Children, parents and caretakers, former foster care children under age 26, and individuals age 19-64 can get presumptive Medicaid once in a twelve (12) month period.
- Pregnant women can get presumptive Medicaid once per pregnancy.
- Individuals who have been screened through the BCCEDP who are in need of treatment for certain cancers can get presumptive if their treatment ends and they are again screened through the BCCEDP and are in need of treatment.

**4. Who may be eligible for Presumptive Medicaid?**

- Children under 19
- Pregnant women.
- Parents and caretakers of children under 19
- Individuals age 19-64 (Iowa Health and Wellness Plan IHAWP)
- Former foster care children under age 26
- Individuals screened and diagnosed through the Breast and Cervical Cancer Early Detection Program (BCCEDP) and needing treatment for breast or cervical cancer

**5. What services are covered under the PE program?**

- The following can get full Medicaid coverage. All services are covered that are normally paid by Medicaid when received from an Iowa Medicaid provider:
  - Children under 19,
  - parents and caretakers,
  - individuals age 19-64 (subject to Wellness Plan limitations for the IHAWP group),
  - former foster care children under age 26, and
  - individuals who have been screened through the BCCEDP and are in need of treatment for certain cancers
- Pregnant women get limited Medicaid coverage for ambulatory prenatal care.

**6. Do I have to verify wages for a client?**

- No. PE Medicaid is based only on the client's self-attested situation. That means eligibility is based on the answers the client provides on the application, and any other information that the QE clarifies in the course of assisting the client with the application process.
- Verification cannot be requested or required for PE Medicaid.

**7. Is income considered in the determination for Pregnant Women?**

- Yes. This income limit is 375% of the Federal Poverty Level for the MAGI household size.

**8. How do I know if I'm completing income information correctly? Should I use current wages or the client's income tax return?**

- Providers should enter the current month's income at the time of application.

**9. What percentage of time should a child be in an adult's care in order for the adult to claim Parental Control?**

- Parents and their spouses automatically have Parental Control of their own children.
- Other adults have Parental Control when they have assumed the role and responsibilities of a parent due to the absence or incapacity of the parent.

**10. Many client applicants do not provide social security numbers; can I submit an application in MPEP for these individuals?**

- Yes, the PE application can be submitted in MPEP without an SSN. SSN is not a required field in MPEP, and lack of an SSN or entry in the SSN field has no impact on PE eligibility.
- QEs may encourage but may not require that PE applicants provide their SSNs.
  - If the applicant does provide an SSN, it is important that the QE accurately enter it in MPEP.
  - This will ensure proper identification of the applicant and avoid creating duplicate client records in DHS' systems.
  - In addition, providing an SSN speeds up processing of the ongoing Medicaid application and allows DHS to verify more information through data matches, thus reducing information that must be requested from the applicant.

**11. Do I still need to collect a paper application from a client?**

- Yes, for now it is necessary for the client to complete the paper application. This is required in order to obtain the client's signature under the proper legal requirements and attestation language.
- In a future release of MPEP, this process will change. QEs will be notified when paper applications are no longer required.

**12. Should we give all of our self-paying patients in the ER a PE application?**

- If this is the established business practice, then this is acceptable.

**13. How do we add newborns to a PE case?**

- If the mother is currently eligible for Iowa Medicaid, you may add the baby by calling the DHS Call Center at 1-877-347-5678
- If the mother is not currently eligible, follow the application process the same as anyone else.

## Application Questions

### 1. Should we fill out the PE application with the addendum or the regular Medicaid application?

- It is more inclusive to fill out the PE Application because it includes both the PE application and the subsequent filing of the full Medicaid application.
- Currently, the PE applicant needs to complete both the *Application for Health Coverage and Help Paying Costs*, form 470-5170, and the *Addendum to Application for Presumptive Eligibility*, form 470-5192. This will ensure that all the needed information is collected for entry into MPEP.

### 2. For pregnant women (PW) with children applying for PE – will the mother and child be on the same application, or do they still need to fill out a separate one for the mother and the child?

- Starting 1/1/2014, all household members will be able to apply on the same application.
- The ability for multiple people to actually obtain PE from a single QE will still depend on which programs the QE is approved to process.
- For example: a QE approved to do PE for both PW and children would be able to approve a pregnant woman and her children on the same PE application. However, a QE for children only would not be able to approve PE for a pregnant woman.

#### Exception.

- A PE denial reason of “Ineligible Applicant” for an individual means that person is not eligible as a member of the primary applicant’s household under MAGI rules. The same individual might be eligible if they are processed as a separate PE application.
- To do this in MPEP, the QE should first accept the PE denial results and then enter that individual’s information in MPEP as if only that individual were applying.
- The original application date is protected. The QE will need to enter this application date in MPEP.
- A copy of the original application should be maintained in each PE applicant’s files, along with documentation that two separate applications were entered in MPEP due to rules on who can be included in a MAGI household.

### 3. If the local DHS offices are not planning on becoming CACs, can families go there to apply for *hawk-i* and Medicaid, even though it’s not through HealthCare.gov or ELIAS?

- There is no wrong door for filing an application for any of the insurance affordability programs (Medicaid, *hawk-i*, or help paying for an insurance plan (tax credit or cost sharing)).
- While we do encourage applicants to use [healthcare.gov](http://healthcare.gov) or ELIAS ([dhsservices.iowa.gov](http://dhsservices.iowa.gov)) to apply online for the fastest results, anyone can also

apply for Medicaid/*hawk-i* by mailing in a paper application, in-person at any local DHS office, or by telephone with the DHS contact center at 1-855-889-7985.

- Alternatively, people can apply with the help of a CAC.

#### **4. How many days do I have to submit an application in MPEP after I receive a paper application?**

- As stated in the MOU between DHS and the Presumptive Provider (PP)/QE, DHS expects entries to be made in MPEP as soon as possible and within three (3) working days of the date the paper application is received.
- This is best practice as the applicant can only receive a PE determination once entries are made in MPEP.
- DHS recognizes there may be some instances when entries in MPEP cannot be made within the 3 working days, and MPEP will still allow the applications to be entered beyond the 3 working days when this occurs.
- However, QEs should strive to complete MPEP entries within the 3 working day standard, should not establish business practices that result in PE applications being routinely completed in MPEP more than 3 days after the application date, and may be subject to corrective action if excessive numbers of applications are not being completed in MPEP within 3 working days.

#### **5. Does a PE application have to be completed on the date of service?**

- Eligibility under the PE Medicaid programs is granted on a daily basis and cannot begin any earlier than the date the PE application is filed.

#### **6. How should I handle a paper application received in the mail????**

- The qualified entity must document the date the application was received.
- The QE is required to date-stamp the application with the date it is received from the applicant.
- For purposes of protecting an application date, an application is valid and must be date-stamped on the date it is submitted to the QE with only the applicant's name, address, and signature under penalty of perjury at the bottom of page 10 of form 470-5170, Application for Health Coverage and Help Paying Costs.
- If necessary, the applicant may then answer the other necessary questions in the application after it has been submitted to and date-stamped by the QE. All necessary information must be obtained from the applicant before the application can be entered and completed in MPEP.

#### **7. Who needs to sign the application?**

- An application must be signed by only one of the following: the applicant, an adult in the applicant's household, an authorized representative, or someone acting responsibility for a minor or incapacitated applicant.

**8. What application date should be entered into MPEP?**

- The date of application that the QE enters in MPEP must match the date-stamp the QE recorded on the paper application.
- It is very important that the QE enter the application date correctly in MPEP. Entering an incorrect date could result in errors such as an incorrect denial of PE or non-payment of claims.

**9. Patients who come in before midnight and we aren't able to register them until after midnight. Do we have them date their signature on the date they presented or the date they signed the form?**

- The patient should date the form with the date they actually sign the application.
- More importantly, the QEs are responsible for date-stamping the applications with the date they are actually received.
- Applications cannot be backdated. See answer to Question 6 above for the proper procedure to follow when it is necessary to protect the date of application.

**10. If I start an MPEP application for a client but don't complete it, how long do I have to submit the application before it expires in MPEP?**

- Applications expire 5 days after entries were started in MPEP if those entries have not been completed.
- If the application entries in MPEP have expired because the QE has not completed them within 5 days of starting, the QE must start over and complete the MPEP entries so that the applicant receives a Notice of Action on their PE application.

**11. Can I backdate an application?**

- No. Applications cannot be backdated.
- The QE is required to date-stamp the application with the date it is received from the applicant.
- See # 6 above for information on how to protect an application date.

**12. Can I future date an application?**

- No. The QE is required to date-stamp the application with the date it is received from the applicant.
- The date of application the QE enters in MPEP must match the date-stamp that records the actual date the QE received the application from the applicant.
- A future-dated application is not valid.
- MPEP is not currently able to prevent a QE from accidentally entering an incorrect application date. If a future date is entered, PE will be denied. If you discover after MPEP entries have been made and a notice of action has been created that you have made an error, ask the DHS Contact Center for instructions on how to resolve the error. **Do not reenter** the application in MPEP unless instructed to do so by DHS.

**13. I don't see the question in the PE application about ongoing Medicaid?**

- This question only shows if the applicant is Pregnant or a BCCT applicant. These are the two (2) groups that may opt out of on-going Medicaid eligibility determination.

**14. How do I answer the question "When did \_\_\_\_ join the household?" when I am not sure?**

- Enter the first day of the month that is three (3) months prior the application unless you know or the applicant has specified that the household member joined the household more recently than that.
- For example, if the PE application is submitted February 25, enter November 1 as the date each person joined the household if no other date is known. (One common situation when the QE will know a person joined the household more recently is if a child was just born within the past 3 months.)
- Entering a date that is 3 months prior to the application triggers the DHS worker to look back in case the person wants retroactive coverage on their full Medicaid application.
- Approximate dates are also acceptable if the exact date is not known.

**Post Application Questions**

**1. Will the ELVS line show when someone is presumptively eligible?**

- The current message states that "The member has time-limited Medicaid due to a presumptive eligibility decision". At this time there are no plans on changing this message.

**2. If my client already has a State ID from a previous MPEP application submission or previous Medicaid coverage, will the MPEP system issue a new State ID or reuse the existing State ID?**

- MPEP will reuse the existing State ID whenever it is able to recognize that the applicant already exists in DHS systems.
- Currently, this will occur only when an SSN is entered on MPEP and it is an exact match with records DHS already has for that person.
- If the applicant does not have an SSN or does not know or provide their SSN, or if the QE enters the SSN incorrectly, a new State ID will be generated because the DHS systems will not recognize that the applicant is already known.
- This process may be enhanced in a future release of MPEP so that an applicant can more often be recognized not only by an SSN but also by other demographic data such as name, date of birth, and gender.
- QEs will be notified when this change occurs.



**3. Will a Medicaid card be issued to someone who is determined to be eligible for presumptive?**

- A Medicaid card is not issued to someone who has been determined eligible for Medicaid only under a presumptive program.
- Instead, those whose eligibility has been determined presumptively by a qualified entity will be given a Presumptive Medicaid Eligibility Notice of Action to indicate time-limited eligibility. MPEP generates this Notice, which the QE prints and gives to the applicant.

**4. Is PE coverage retroactive?**

- No, PE can begin no earlier than the date of application.
- However, if the person completes the process to become eligible for ongoing Medicaid as determined by DHS, ongoing Medicaid benefits always automatically go back to the 1st day of the application month.

**5. Is ongoing Medicaid retroactive?**

- Ongoing Medicaid may be retroactive for up to three (3) months prior to the application.
- However, retroactive coverage under the Iowa Health and Wellness Program **cannot** go back prior to 1/1/2014.

**6. How long can presumptive eligibility last?**

- Eligibility may continue up to the last day of the month following the month of the presumptive eligibility determination.
- If the presumptively eligible person files a Medicaid application within this period, Medicaid coverage continues until the date that a decision is made on the application.

**7. What would happen if ongoing determination is approved or denied?**

- Presumptive Medicaid eligibility is granted on a daily basis rather than a monthly basis.
- The presumptive eligibility period ends when the Department approves or denies the Medicaid application.

**8. Ongoing determinations – How are they handled for each program?**

- Ongoing Medicaid determinations are made by DHS based on all applicable eligibility requirements.
- Unlike PE, verification of many eligibility factors is required in order to complete an ongoing Medicaid determination.
- Additional information and verification may be required for the ongoing determination that was not required for PE.
- Completing as many MPEP fields as possible reduces the number of information requests DHS must make of the applicant(s) and speeds up members' benefit processing.

**9. Is there a timeframe for a full eligibility to be determined??**

- DHS has up to 45 days to process the Medicaid application.

**10. When will Medicaid start if DHS approves the application?**

- Medicaid begins the first day of the month in which a Medicaid application has been received and all eligibility requirements are met.
- Retroactive coverage for up to 3 months before the application month may also be provided.

**11. If I submit an application for IHAWP and the client is denied for over income, will his/her case information be automatically forwarded to the Marketplace?**

- Applications denied for PE will not be forwarded to the Marketplace.
- Applications denied by DHS for ongoing Medicaid eligibility will be automatically forwarded to the Marketplace when the client is denied for over income or for other ineligibility reasons that apply to Medicaid/*hawk-i* but not to Marketplace eligibility.
- Undocumented aliens will not be referred to the Marketplace. Certain lawfully present aliens who are ineligible for Medicaid but who may be eligible for help through the Marketplace will be referred to the Marketplace.
- Applicants who are denied for ongoing Medicaid by DHS due to failure to provide information needed to determine eligibility will not have their application forwarded to the Marketplace.

**12. What documentation do I give to the client for his/her records?**

- Currently, the only documentation that the QE is required to give the client is the Notice of Action (NOA). (The QE must also keep a copy of the NOA in the PE file).
- In a future release of MPEP when paper applications are no longer required, QEs will also be required to give the client a copy of the signed and dated electronic application summary. QEs will be notified when this change occurs. Until that time, the QE may but is not required to give the client a copy of their paper application.
- If the applicant requests a copy of their Rights and Responsibilities, QEs can print this from the DHS services portal at [dhsservices.iowa.gov](http://dhsservices.iowa.gov).
- Alternatively, applicants can print this form themselves from this portal, or they may contact DHS to have a copy mailed to them.

**13. Can I change/update information on a client application after I submit for a determination in MPEP?**

- No. Completed applications cannot be recreated or edited, so it is very important the QE review the results BEFORE they are finalized.
- Eligibility results for applicants are displayed on the *Apply for Benefits 'Determination Results'* page.
  - If the results shown on this page are not what the QE expected, previous screens can be reviewed and corrected.
  - Clicking 'Accept PE Results' accepts and finalizes results

**14. If a person signed up and is approved in one facility and is then moved to another Care Facility or in Home Health Care, does PE follow them to the new facility and/or in Home Health Care?**

- Medicaid procedures completed by an Iowa Medicaid provider are covered if PE was approved initially and the PE coverage has not ended.
- Stay requirements, level of care, and other additional requirements that must be met for payment of facility-related services must still be satisfied under regular Medicaid rules. PE Medicaid does not include coverage of facility-related services.
- Rules for when PE coverage ends are covered in detail in the MPEP training.

**15. If a patient is approved for Presumptive Eligibility, are they approved for regular state Medicaid or Iowa Wellness Plan during the “presumptive” period of time?**

- Medicaid-covered services in IHAWP during the PE period are limited to those benefits provided under the Iowa Wellness Plan.

### **System Questions**

**1. What will I use Iowa Medicaid Portal Access (IMPA) for after MPEP is up on January 2, 2014?**

IMPA will still be used for the following:

- Remittance Advice Provider Access Request Form
- Critical Incident Reporting Access Request Form
- Dentists Accepting Clients
- Online Re-Enrollment/Re- Certification information
- Informational Letter sign up

**2. Is there a limit on the number of MPEP users a hospital can have?**

- No. A hospital can assign as many users that their facility might need. All users must complete the PE training and Memorandum of Understanding before access to MPEP will be approved by IME Provider Enrollment.

**3. Are there two Portals?**

- There is only one portal for Presumptive Providers (MPEP).
- There is a different portal for all residents of Iowa for standard Medicaid (DHS Service Portal - [dhsservices.iowa.gov](http://dhsservices.iowa.gov)).

**4. Can I have the Self Service Portal (SSP) and MPEP open at the same time?**

- No

**5. What happens if I do have SSP and MPEP open at the same time?**

- MPEP will not work if both SSP and MPEP are open.

**6. An applicant can't remember if he/she applied for PE at another facility. Can I search all applications in the MPEP system to see if the client previously applied at another facility?**

- No. QEs can only search for their own PE applications. QE Supervisors can search only for the applications of the workers assigned within their provider organization.
- In a future release, MPEP may access available data to see if an applicant has already received PE in the prior 12 months. QEs will be notified when this changes. Until then, applicants will be asked if they have received PE in the prior 12 months and should answer that question to the best of their ability.

**Non Citizen Questions**

**1. Can I submit an application for non-residents of Iowa or the US?**

- Anyone may apply for PE/Medicaid at any time, and any application for PE MUST be entered on MPEP.
- If the applicant is not an Iowa resident, MPEP will deny the application.
- Similarly, if the applicant does not meet citizenship or alien status requirements, MPEP will deny the application.

**2. If they are denied for PE for not being a citizen, can they still get three day emergency Medicaid?**

- Yes, assuming they meet the 3-day emergency Medicaid eligibility requirements.

**3. The alien codes for the Legal Permanent Resident (LPRs) are not all loaded in the MPEP. Is there a default?**

- Rules will determine citizenship/alien status based on the question "do you have eligible immigration status" only for the PE types that have citizenship/alien status as an eligibility requirement.
- Regardless of what document/section types are entered, the answer to the question above determines the PE outcome.

**4. For PE, the alien doc/code field isn't required, so if the dropdown doesn't have a close match to the clients immigration status/doc, then leave the field blank?**

- Yes. The PE decision will be made based on how the question "do you have eligible immigration status" is answered.
- So, PE will be determined correctly regardless of what dropdowns are selected or if this field is left blank.
- DHS will request any additional information needed to process the ongoing Medicaid portion of the application.

## **Presumptive Benefits and Services**

### **1. Can a person go to any medical provider while on PE Medicaid?**

- PE will only cover services provided by an Iowa Medicaid provider.

### **2. If a patient is approved for Presumptive Medicaid under the new categories, will this cover ICF level of care?**

- Stay requirements, level of care, and other additional requirements that must be met for payment of facility-related services must still be satisfied under regular Medicaid rules. PE Medicaid does not include coverage of facility-related services.

## **General Questions**

### **1. Will the IME provider services information be changing with the new PE process?**

- Yes the department has updated all training materials. Updates to the provider manuals are in process now.

### **2. The informational letter about MPEP says that hospitals will receive training; will this also be available to the local coordinators?**

- All qualified entities will be provided with training and all training will need to be completed before access to MPEP will be allowed.
- Informational letter 1333 was sent out with instruction on how a QE will be able to sign up and where to access the training materials.

### **3. I still need help, who can I contact?**

PE Policy and MPEP Technical Support is available for Qualified Entities through the Department of Human Services (DHS) Contact Center.

- Phone support: 855-889-7985 M-F 7 am – 6 pm
- Email support: [IMEMPEPSupport@dhs.state.ia.us](mailto:IMEMPEPSupport@dhs.state.ia.us)

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### **Access to Online PE Materials:**

The following PE materials are available online at the Iowa Medicaid Enterprise (IME) website at <http://www.ime.state.ia.us/Providers/OnlineTools.html>

- Medicaid Presumptive Eligibility Portal (MPEP)
- Presumptive Eligibility FAQ
- Application for Certification to become a Qualified Entity (QE)
- Qualified Entity (QE) Medicaid Presumptive Eligibility Portal (MPEP) Access Request Form
- Memorandum of Understanding with a Provider for PE Determinations
- Medicaid Presumptive Eligibility Policy and MPEP Training

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**Applicant - Rights and Responsibilities:**

- QEs can go to [dhsservices.iowa.gov](http://dhsservices.iowa.gov). and print out the Rights and Responsibilities for an applicant who has requested a copy.
- Applicants can also go to the site, directly, if they wish.
- The applicant may also contact DHS and have a copy of the Rights and Responsibilities mailed to them.

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**Applicant - Withdrawing An Application:**

- Ongoing Medicaid applications may be withdrawn by calling the DHS Contact Center at 1-855-889-7985.
- If an application is withdrawn prior to DHS processing, it will not be processed.
- If receiving PE benefits, withdrawing the application will not impact the client's current PE benefits.

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**Becoming a Qualified Entity:**

- To begin the enrollment and certification process or if you have any questions, please contact the IME Provider Enrollment Unit at:
  - 1-800-338-7909 (option 2),
  - locally (in Des Moines) at 256-4609 (option 2) or
  - by e-mail at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us)